



Record Transmittal Cover Sheet

(For Use When Transferring Records
Between BabyNet System Providers)

Child's Name _____ DOB _____ BabyTrac # _____

TO:

Name _____

Agency _____

Address _____

Telephone & EMAIL _____

FROM:

1. REASON FOR RECORD TRANSFER (CHECK ALL THAT APPLY)

- ☐ Initial IFSP/Service Coordination referral
- ☐ Child is transferred to another agency for Service Coordination
 - Services Still Needed:
 - ☐ PT Provider: _____ 3203's Issued Through: ____/____/____
 - ☐ OT Provider _____ 3203's Issued Through: ____/____/____
 - ☐ ST Provider _____ 3203's Issued Through: ____/____/____
 - ☐ OTHER _____ 3203's Issued Through: ____/____/____
- ☐ Service Coordination Agency Change/New County
- ☐ Service Coordination Agency Change/Same County
- ☐ Transition Referral To LEA
- ☐ Transition Conference Information To LEA
- ☐ Exit at 3, Part B Eligibility Not Determined
- ☐ Exit at 3, Part B Eligible
- ☐ Exit at 3. Not Eligible for Part B, Exit To Other Programs
- ☐ Exit at 3. Not Eligible for Part B, Exit With NO Referrals
- ☐ Child Deceased (Return to DHEC BN for closure)
- ☐ Attempts To Contact Family Unsuccessful (Return to DHEC BN for closure)
- ☐ Withdrawal By Parent or Guardian (Return to DHEC BN for closure).
- ☐ Family Moved Out Of State. (Return to DHEC BN for closure).
- ☐ Completion Of IFSP Prior To Reaching Age 3 (Return to DHEC BN for closure)
- ☐ Other _____

2. INFORMATION TRANSMITTED (CHECK ALL THAT APPLY)

- ☐ Entire BabyNet Record
- ☐ Transition Referral Form DATE OF REFERRAL ____/____/____ School District: _____
- ☐ Transition Conference Form DATE OF CONFERENCE: ____/____/____ School District _____
- ☐ IFSP (complete)
- ☐ IFSP Sections (list) _____
- ☐ Family Hearing and Vision Questionnaire
- ☐ Release of Information Form
- ☐ Birth and Early Health History
- ☐ Consent for Screening, Evaluation and Assessment
- ☐ OTHER (Describe) _____

3. COMMENTS: _____

Service Coordinator Signature/DATE: _____

Service Coordinator Supervisor Signature/DATE _____

BN012 (rev5/08)

Place Label Here